

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO**

**IN RE. :** \* **CASE NO.: 16-08365**  
**PRISCILLA M. CANDELARIO VIDRO \***  
**Debtor** \* **CHAPTER 7**

**MOTION TO AMEND VOLUNTARY PETITION, CHAPTER 7 STATEMENT OF  
CURRENT MONTHLY INCOME, SCHEDULES I AND J**

**TO THE HONORABLE COURT:**

Here come the Debtor **PRISCILLA M. CANDELARIO VIDRO** ("the Debtor") through the undersigned attorney and respectfully shows and prays:

1. The **voluntary petition** has been amended to inform debtor's new residential and mailing address.
2. The Chapter 7 Statement of Current monthly income has been filed in order to inform that presumption does not arise.
3. The **schedule I** has been amended in order to inform dependent information and income.
4. The **schedule J** has been amended to correct monthly expenses and that there is no chapter 13 plan payment since the case was converted to chapter 7.

**WHEREFORE**, The Debtor very respectfully requests to this Honorable Court that this petition be amended according to this motion.

**I HEREBY CERTIFY:** that on this date I electronically filed the above document with the Clerk of the court using an CM/ECF System which sends notification of such filing to Chapter 7 Trustee, and to any creditors if any CM/ECF user. I further certify that I have served this notice by depositing true and correct copy thereof in the United States Mail, to non user creditors.

In Mayaguez, Puerto Rico, this 25<sup>th</sup> day of October 2018.

*/s/Lcdo. Homel Mercado Justiniano  
USDC- PR - 229705  
Calle A. Ramirez Silva #8  
Ensanche Martinez  
Mayagüez, PR 00680-4714  
(787) 831-3577 & 805-2945  
Email: [hmjlaw2@gmail.com](mailto:hmjlaw2@gmail.com)*

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

16-08365

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

##### About Debtor 1:

###### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**PRISCILLA**

First name

**MARI**

Middle name

**CANDELARIO VIDRO**

Last name and Suffix (Sr., Jr., II, III)

##### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

###### 2. All other names you have used in the last 8 years

Include your married or maiden names.

**PRISCILLA M CANDELARIO VIDRO**

###### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-5222**

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

 I have not used any business name or EINs.

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):** I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**BARRIO LA TORRES  
CARR. 368 KM. 5.8 INT.  
Sabana Grande, PR 00637**

Number, Street, City, State &amp; ZIP Code

**Sabana Grande**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

**HC-09 BOX 4066****Sabana Grande, PR 00637**

Number, P.O. Box, Street, City, State &amp; ZIP Code

## If Debtor 2 lives at a different address:

Number, Street, City, State &amp; ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?  No.  
 Yes.

|                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  No  
 Yes.

|                |                           |                             |
|----------------|---------------------------|-----------------------------|
| Debtor _____   | Relationship to you _____ |                             |
| District _____ | When _____                | Case number, if known _____ |
| Debtor _____   | Relationship to you _____ |                             |
| District _____ | When _____                | Case number, if known _____ |

11. Do you rent your residence?  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State &amp; Zip Code \_\_\_\_\_

## Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

|  |  |  |  |
|--|--|--|--|
| 16. What kind of debts do you have?  | 16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."   |  |  |
|  | <input type="checkbox"/> No. Go to line 16b.   |  |  |
|  | <input checked="" type="checkbox"/> Yes. Go to line 17.  |  |  |
| 16b.   | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  |  |  |
|  | <input type="checkbox"/> No. Go to line 16c.   |  |  |
|  | <input type="checkbox"/> Yes. Go to line 17.   |  |  |
| 16c.   | State the type of debts you owe that are not consumer debts or business debts  |  |  |
| <hr/>  |  |  |  |
| 17. Are you filing under Chapter 7?  | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.   |  |  |
| <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> | <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |  |  |
|  | <input checked="" type="checkbox"/> No   |  |  |
|  | <input type="checkbox"/> Yes   |  |  |
| <hr/>  |  |  |  |
| 18. How many Creditors do you estimate that you owe?   | <input checked="" type="checkbox"/> 1-49<br><input type="checkbox"/> 50-99<br><input type="checkbox"/> 100-199<br><input type="checkbox"/> 200-999   | <input type="checkbox"/> 1,000-5,000<br><input type="checkbox"/> 5001-10,000<br><input type="checkbox"/> 10,001-25,000   | <input type="checkbox"/> 25,001-50,000<br><input type="checkbox"/> 50,001-100,000<br><input type="checkbox"/> More than 100,000  |
| <hr/>  |  |  |  |
| 19. How much do you estimate your assets to be worth?  | <input checked="" type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million                                | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |
| <hr/>  |  |  |  |
| 20. How much do you estimate your liabilities to be?   | <input type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million                                | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ PRISCILLA MARI CANDELARIO VIDRO*  
**PRISCILLA MARI CANDELARIO VIDRO**  
Signature of Debtor 1

Signature of Debtor 2

Executed on October 25, 2018  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ /S/ HOMEL MERCADO JUSTINIANO

Signature of Attorney for Debtor

Date

October 25, 2018

MM / DD / YYYY

/S/ HOMEL MERCADO JUSTINIANO 229705

Printed name

Firm name

**Calle A. Ramirez Silva #8  
Ensanche Martinez  
Mayaguez, PR 00680**

Number, Street, City, State & ZIP Code

Contact phone 787 831-2577

Email address

hmjlaw@gmail.com

229705 PR

Bar number & State

Fill in this information to identify your case:

Debtor 1

**PRISCILLA MARI CANDELARIO VIDRO**

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number

**16-08365**

(If known)

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed  
 Not employed

Debtor 2 or non-filing spouse

- Employed  
 Not employed

Occupation

NURSE

Employer's name

Hospital La Concepcion

Employer's address

Post Office Box 285  
San German, PR 00683

PR

How long employed there? **6 YEARS**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

|    | For Debtor 1       | For Debtor 2 or non-filing spouse |
|----|--------------------|-----------------------------------|
| 2. | \$ <b>2,818.50</b> | \$ <b>0.00</b>                    |
| 3. | +\$ <b>0.00</b>    | +\$ <b>0.00</b>                   |
| 4. | <b>\$ 2,818.50</b> | <b>\$ 0.00</b>                    |

| Copy line 4 here   | For Debtor 1           | For Debtor 2 or<br>non-filing spouse  |
|--|------------------------|---------------------------------------|
|  | 4. \$ <u>2,818.50</u>  | \$ <u>0.00</u>                        |
| <b>5. List all payroll deductions:</b>   |                        |                                       |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <u>364.96</u>   | \$ <u>0.00</u>                        |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 5d. Required repayments of retirement fund loans   | 5d. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 5e. Insurance  | 5e. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 5f. Domestic support obligations   | 5f. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 5g. Union dues   | 5g. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 5h. Other deductions. Specify: <u>HEALTH INSURANCE UNION</u>   | 5h.+ \$ <u>137.08</u>  | + \$ <u>0.00</u>                      |
|  | \$ <u>18.46</u>        | \$ <u>0.00</u>                        |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ <u>520.50</u>    | \$ <u>0.00</u>                        |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ <u>2,298.00</u>  | \$ <u>0.00</u>                        |
| <b>8. List all other income regularly received:</b>  |                        |                                       |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 8b. Interest and dividends   | 8b. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 8d. Unemployment compensation  | 8d. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 8e. Social Security  | 8e. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: <u>Social Security ofr father</u>   | 8f. \$ <u>1,130.00</u> | \$ <u>0.00</u>                        |
| 8g. Pension or retirement income   | 8g. \$ <u>0.00</u>     | \$ <u>0.00</u>                        |
| 8h. Other monthly income. Specify: <u>CHRISTMAS BONUS</u>  | 8h.+ \$ <u>92.00</u>   | + \$ <u>0.00</u>                      |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ <u>1,222.00</u>  | \$ <u>0.00</u>                        |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <u>3,520.00</u> | + \$ <u>0.00</u> = \$ <u>3,520.00</u> |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ | 11. +\$ <u>0.00</u>    |                                       |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 12. \$ <u>3,520.00</u> |                                       |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |                        |                                       |
| <input checked="" type="checkbox"/> No.  |                        |                                       |
| <input type="checkbox"/> Yes. Explain: _____   |                        |                                       |

**Combined monthly income**

Fill in this information to identify your case:

|   |   |
|---|---|
| Debtor 1  | <b><u>PRISCILLA MARI CANDELARIO VIDRO</u></b> |
| Debtor 2<br>(Spouse, if filing)   | _____   |
| United States Bankruptcy Court for the: <b><u>DISTRICT OF PUERTO RICO</u></b> |   |
| Case number<br>(If known)   | <b><u>16-08365</u></b>                        |

Check if this is:

- An amended filing
  - A supplement showing postpetition chapter 13 expenses as of the following date:

---

MM / DD / YYYY

**Official Form 106J**  
**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- No. Go to line 2.
  - Yes. Does Debtor 2 live in a separate household?
    - No
    - Yes. Debtor 2 must file Official Form 106J-2, L

2. Do you have dependents?  No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for each dependent.....

Do not state the dependents names.

| Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's<br>age | Does dependent<br>live with you?        |
|---|--------------------|---|
| Father  | 58 years           | <input type="checkbox"/> No             |
|   |                    | <input checked="" type="checkbox"/> Yes |
|   |                    | <input type="checkbox"/> No             |
|   |                    | <input type="checkbox"/> Yes            |
|   |                    | <input type="checkbox"/> No             |
|   |                    | <input type="checkbox"/> Yes            |
|   |                    | <input type="checkbox"/> No             |

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
  - Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

**Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).**

#### Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
  - 4b. Property, homeowner's, or renter's insurance
  - 4c. Home maintenance, repair, and upkeep expenses
  - 4d. Homeowner's association or condominium dues

5. **Additional mortgage payments for your residence, such as home equity loans.**

- 4a. \$ \_\_\_\_\_ 0.00  
4b. \$ \_\_\_\_\_ 0.00  
4c. \$ \_\_\_\_\_ 150.00  
4d. \$ \_\_\_\_\_ 0.00  
5. \$ \_\_\_\_\_ 0.00

|  |  |                      |
|--|--|----------------------|
| 6. <b>Utilities:</b>   | 6a. Electricity, heat, natural gas                                 | 6a. \$ <u>150.00</u> |
|  | 6b. Water, sewer, garbage collection                               | 6b. \$ <u>100.00</u> |
|  | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>125.00</u> |
|  | 6d. Other. Specify: <u>COOKING GAS</u>                             | 6d. \$ <u>100.00</u> |
| 7. <b>Food and housekeeping supplies</b>   | 7. \$ <u>500.00</u>  |                      |
| 8. <b>Childcare and children's education costs</b>   | 8. \$ <u>0.00</u>  |                      |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. \$ <u>125.00</u>  |                      |
| 10. <b>Personal care products and services</b>   | 10. \$ <u>130.00</u>   |                      |
| 11. <b>Medical and dental expenses</b>   | 11. \$ <u>150.00</u>   |                      |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$ <u>360.00</u>   |                      |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$ <u>150.00</u>   |                      |
| 14. <b>Charitable contributions and religious donations</b>  | 14. \$ <u>0.00</u>   |                      |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |  |                      |
| 15a. Life insurance  | 15a. \$ <u>0.00</u>  |                      |
| 15b. Health insurance  | 15b. \$ <u>0.00</u>  |                      |
| 15c. Vehicle insurance   | 15c. \$ <u>0.00</u>  |                      |
| 15d. Other insurance. Specify:   | 15d. \$ <u>0.00</u>  |                      |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify:  | 16. \$ <u>0.00</u>   |                      |
| 17. <b>Installment or lease payments:</b>  |  |                      |
| 17a. Car payments for Vehicle 1  | 17a. \$ <u>0.00</u>  |                      |
| 17b. Car payments for Vehicle 2  | 17b. \$ <u>0.00</u>  |                      |
| 17c. Other. Specify:   | 17c. \$ <u>0.00</u>  |                      |
| 17d. Other. Specify:   | 17d. \$ <u>0.00</u>  |                      |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>   | 18. \$ <u>0.00</u>   |                      |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify:   | \$ <u>0.00</u>   |                      |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |  |                      |
| 20a. Mortgages on other property   | 20a. \$ <u>0.00</u>  |                      |
| 20b. Real estate taxes   | 20b. \$ <u>0.00</u>  |                      |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$ <u>0.00</u>  |                      |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$ <u>0.00</u>  |                      |
| 20e. Homeowner's association or condominium dues   | 20e. \$ <u>0.00</u>  |                      |
| 21. <b>Other:</b> Specify: <u>LUNCHES</u>  |  |                      |
| <b>Father medical expenses</b>   | + \$ <u>250.00</u>   |                      |
| <b>Father auto loan</b>  | + \$ <u>800.00</u>   |                      |
|  | + \$ <u>430.00</u>   |                      |
| 22. <b>Calculate your monthly expenses</b>   |  |                      |
| 22a. Add lines 4 through 21.   | \$ <u>3,520.00</u>   |                      |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | \$ <u>3,520.00</u>   |                      |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | \$ <u>3,520.00</u>   |                      |
| 23. <b>Calculate your monthly net income.</b>  |  |                      |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a. \$ <u>3,520.00</u>  |                      |
| 23b. Copy your monthly expenses from line 22c above.   | 23b. -\$ <u>3,520.00</u>   |                      |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your monthly net income.  | 23c. \$ <u>0.00</u>  |                      |
| 24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |  |                      |
| <input checked="" type="checkbox"/> No.  |  |                      |
| <input type="checkbox"/> Yes.  | Explain here: _____  |                      |

Fill in this information to identify your case:

|  |  |             |           |
|--|--|-------------|-----------|
| Debtor 1   | <b>PRISCILLA MARI CANDELARIO VIDRO</b> |             |           |
|  | First Name                             | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)  | First Name                             | Middle Name | Last Name |
| United States Bankruptcy Court for the: <b>DISTRICT OF PUERTO RICO</b> |  |             |           |
| Case number<br>(if known)  | <b>16-08365</b>                        |             |           |

Check if this is an amended filing

**Official Form 106Dec**

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ PRISCILLA MARI CANDELARIO VIDRO  
PRISCILLA MARI CANDELARIO VIDRO  
Signature of Debtor 1

X

\_\_\_\_\_  
Signature of Debtor 2

Date October 25, 2018

Date \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 **PRISCILLA MARI CANDELARIO VIDRO**

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: **District of Puerto Rico**

Case number **16-08365**  
(if known)

Check one box only as directed in this form and in Form  
122A-1Supp:

1. There is no presumption of abuse  
 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).  
 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.  
 Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.  
 Married and your spouse is NOT filing with you. You and your spouse are:  
 Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.  
 Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).  
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.  
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.  
5. Net income from operating a business, profession, or farm

| Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|----------------------|--|
| \$ <u>2,818.56</u>   | \$ _____                                     |
| \$ <u>0.00</u>       | \$ _____                                     |
| \$ <u>0.00</u>       | \$ _____                                     |
| \$ <u>0.00</u>       | \$ _____                                     |

6. Net income from rental and other real property  
7. Interest, dividends, and royalties

| Debtor 1       |
|----------------|
| \$ <u>0.00</u> |
| \$ <u>0.00</u> |
| \$ <u>0.00</u> |
| \$ <u>0.00</u> |

## 8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \_\_\_\_\_ \$ 0.00  
 For your spouse \_\_\_\_\_ \$ \_\_\_\_\_

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse\$ 0.00 \$ \_\_\_\_\_

## 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00 \$ \_\_\_\_\_10. Income from all other sources not listed above. Specify the source and amount.  
 Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_ \$ 0.00 \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ 0.00 \$ \_\_\_\_\_  
 + \$ 0.00 \$ \_\_\_\_\_

Total amounts from separate pages, if any.

## 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 2,818.56 + \$ \_\_\_\_\_ = \$ 2,818.56

Total current monthly income

## Part 2: Determine Whether the Means Test Applies to You

## 12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 \_\_\_\_\_ Copy line 11 here=&gt;

\$ 2,818.56

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ 33,822.72

## 13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

PR

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ 23,256.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

## 14. How do the lines compare?

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

## Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ PRISCILLA MARI CANDELARIO VIDRO

PRISCILLA MARI CANDELARIO VIDRO

Signature of Debtor 1

Date October 25, 2018

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 **PRISCILLA MARI CANDELARIO VIDRO**

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Puerto Rico

Case number **16-08365**  
(if known)

Check the appropriate box as directed in  
lines 40 or 42:

According to the calculations required by this  
Statement:

1. There is no presumption of abuse.  
 2. There is a presumption of abuse.

Check if this is an amended filing

## Official Form 122A - 2 Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

### Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>..... \$ 2,818.56

2. Did you fill out Column B in Part 1 of Form 122A-1?

- No. Fill in \$0 for the total on line 3.  
 Yes. Is your spouse Filing with you?  
 No. Go to line 3.  
 Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- No. Fill in 0 for the total on line 3.  
 Yes. Fill in the information below:

#### State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

Fill in the amount you  
are subtracting from  
your spouse's income

---

---

---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Total. \_\_\_\_\_

\$ 0.00

Copy total here=>... - \$ 0.00

\$ **2,818.56**

4. Adjust your current monthly income. Subtract line 3 from line 1.

## Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

## 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

## National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,083.00
7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

## People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 54  
 7b. Number of people who are under 65 X 2  
 7c. Subtotal. Multiply line 7a by line 7b. \$ 108.00 Copy here=> \$ 108.00

## People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 130  
 7e. Number of people who are 65 or older X 0  
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

7g. Total. Add line 7c and line 7f \$ 108.00 Copy total here=> \$ 108.00

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities - Insurance and operating expenses**
- Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.  
This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. .... \$ 493.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$ 545.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor          | Average monthly payment |             |                   |                                 |
|-------------------------------|-------------------------|-------------|-------------------|---------------------------------|
| Banco Popular De Puerto Rico  | \$ <u>600.00</u>        |             |                   |                                 |
| Total average monthly payment | \$ <u>600.00</u>        | Copy here=> | -\$ <u>600.00</u> | Repeat this amount on line 33a. |

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. ....

|                |             |                |
|----------------|-------------|----------------|
| \$ <u>0.00</u> | Copy here=> | \$ <u>0.00</u> |
|----------------|-------------|----------------|

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 251.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1: 2014 TOYOTA SCION**

13a. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average monthly payment |
|-------------------------------------|-------------------------|
| -NONE-                              | \$ _____                |
| Total Average Monthly Payment       | \$ <u>0.00</u>          |

Copy here => -\$ 0.00 Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

|          |             |   |
|----------|-------------|---|
| \$ _____ | <b>0.00</b> | Copy net Vehicle 1 expense here => \$ <u>0.00</u> |
|----------|-------------|---|

**Vehicle 2 Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment |
|-------------------------------------|-------------------------|
| \$ _____                            |                         |
| Total Average Monthly Payment       | \$ <u>0.00</u>          |

Copy here => -\$ 0.00 Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0. ....

|          |             |   |
|----------|-------------|---|
| \$ _____ | <b>0.00</b> | Copy net Vehicle 2 expense here => \$ <u>0.00</u> |
|----------|-------------|---|

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 362.00
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:  
 as a condition for your job, or  
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.00
24. **Add all of the expenses allowed under the IRS expense allowances.**  
Add lines 6 through 23. \$ 2,397.00

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 70.00Disability insurance \$ 0.00Health savings account + \$ 0.00

Total

\$ 70.00

Copy total here=&gt;

\$ 70.00

Do you actually spend this total amount?

 No. How much do you actually spend? Yes \$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 70.00

**Deductions for Debt Payment**

- 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home:**

33a. Copy line 9b here \_\_\_\_\_ => \$ 600.00

**Loans on your first two vehicles:**

33b. Copy line 13b here \_\_\_\_\_ => \$ 0.00

33c. Copy line 13e here \_\_\_\_\_ => \$ 0.00

33d. List other secured debts:

| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance? |
|--|---|--|
| -NONE-                                       |   | <input type="checkbox"/> No              |
|  |   | <input type="checkbox"/> Yes \$ _____    |
|  |   | <input type="checkbox"/> No              |
|  |   | <input type="checkbox"/> Yes \$ _____    |
|  |   | <input type="checkbox"/> No              |
|  |   | <input type="checkbox"/> Yes +\$ _____   |

33e. Total average monthly payment. Add lines 33a through 33d 600.00 Copy total here=> \$ 600.00

- 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount   | Monthly cure amount |
|----------------------|---|---|---------------------|
| -NONE-               |   | \$ _____ ÷ 60 = \$ _____  |                     |
|                      |   | Total \$ <u>0.00</u> <span style="float: right;">Copy total here=&gt; \$ <u>0.00</u></span> |                     |

- 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims 0.00 ÷ 60 = 0.00

## 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$ \_\_\_\_\_

|                            |
|----------------------------|
| \$ _____                   |
| Copy total here=> \$ _____ |

## 37. Add all of the deductions for debt payment.

Add lines 33e through 36.

|           |
|-----------|
| \$ 600.00 |
|-----------|

## Total Deductions from Income

## 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ 2,397.00

Copy line 32, All of the additional expense deductions \$ 70.00

Copy line 37, All of the deductions for debt payment +\$ 600.00

|                                    |
|------------------------------------|
| Total deductions \$ 3,067.00       |
| Copy total here.....=> \$ 3,067.00 |

## Part 3: Determine Whether There is a Presumption of Abuse

## 39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income \$ 2,818.56

39b. Copy line 38, Total deductions -\$ 3,067.00

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a  
\$ -248.44 Copy here=> \$ -248.44

For the next 60 months (5 years) x 60

39d. Total. Multiply line 39c by 60 39d. \$ -14,906.40 Copy here=> \$ -14,906.40

## 40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$7,700\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$12,850\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

The line 39d is at least \$7,700\*, but not more than \$12,850\*. Go to line 41.

\*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ .25

41b. 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I)  
Multiply line 41a by 0.25.....

\$ \_\_\_\_\_

Copy here=> \$ \_\_\_\_\_

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.  
Check the box that applies:

- Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.
- Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

#### Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

- No. Go to Part 5.
- Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

#### Give a detailed explanation of the special circumstances

#### Average monthly expense or income adjustment

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\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

#### Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ PRISCILLA MARI CANDELARIO VIDRO  
PRISCILLA MARI CANDELARIO VIDRO  
Signature of Debtor 1

Date October 25, 2018  
MM / DD / YYYY

**Current Monthly Income Details for the Debtor****Debtor Income Details:**

Income for the Period 04/01/2016 to 09/30/2016.

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **WAGES**

Income by Month:

|                    |                |            |
|--------------------|----------------|------------|
| 6 Months Ago:      | <u>04/2016</u> | \$3,709.09 |
| 5 Months Ago:      | <u>05/2016</u> | \$2,500.49 |
| 4 Months Ago:      | <u>06/2016</u> | \$3,512.14 |
| 3 Months Ago:      | <u>07/2016</u> | \$2,500.91 |
| 2 Months Ago:      | <u>08/2016</u> | \$2,348.37 |
| Last Month:        | <u>09/2016</u> | \$2,340.35 |
| Average per month: |                | \$2,818.56 |

PRISCILLA MARI CANDELARIO VIDRO SEARS  
URB. VALLE VERDE  
CALLE #3  
CASA D-27  
SAN GERMAN, PR 00683

/S/ HOMEL MERCADO JUSTINIANO      TJX REWARDS  
CALLE A. RAMIREZ SILVA #8      PO BOX 530949  
ENSANCHE MARTINEZ      ATLANTA, GA 30353-0949  
MAYAGUEZ, PR 00680

BANCO POPULAR DE PUERTO RICO      TORRID  
PO BOX 71375      PO BOX 659584  
SAN JUAN, PR 00936-7077      SAN ANTONIO, TX 78265-9584

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